



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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ADELINA SORKIN, VICE CHAIR
DR. HARRIETTE F. WILLIAMS
STACEY F. WINKLER

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **October 3, 2005**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Patricia Curry
Hon. Joyce Fahey
Ann E. Franzen
Susan F. Friedman
Helen A. Kleinberg
Daisy Ma
Wendy L. Ramallo
Adelina Sorkin
Dr. Harriette F. Williams
Stacey F. Winkler

COMMISSIONERS ABSENT (Excused/Unexcused)

Dr. La-Doris McClaney
Rev. Cecil L. Murray
Sandra Rudnick

APPROVAL OF THE AGENDA

The agenda for the October 3, 2005, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the September 19, 2005, general meeting were unanimously approved as amended.

CHAIR'S REPORT

- Chair Kleinberg opened the meeting by noting that this was the room in which the task force met more than 20 years ago to create the Department of Children and Family Services. She expressed her gratitude to Dr. David Sanders for the joint cooperation, hoped for then, that is in existence today.
- Commissioners have received invitations to the annual Association of Community Human Services Agencies (ACHSA) luncheon at which Supervisor Zev Yaroslavsky will speak. Those planning to attend were asked to notify the Commission office.
- The Commission retreat has been scheduled for November 7 at the home of Commissioner Winkler. A meeting will be held on October 12 at 1:00 p.m., either by phone or in person, to plan the agenda and food; Commissioners were encouraged to participate. Dietary restrictions should be communicated to the Commission office.
- Dana Blackwell and Chair Kleinberg recently met with Dr. Sanders to discuss ways in which the department could focus on getting families needed services and solving families' problems early on.
- At its October 17 meeting, the Commission will hear brief reports from Commissioners who sit on external bodies (the Children's Planning Council, First 5 L.A., the Policy Roundtable for Child Care, etc.) about those organizations' efforts and how they might coincide with those of the Commission. The department will also be asked for specific information on the children and families it serves.
- As Commissioners are aware, Dr. Sanders recently mandated that regional administrators reduce the percentage of children in long-term foster care, moving to legal permanency with greater dispatch. Various plans are being developed with the help of communities and providers that identify resources for children and families, and it was suggested that connections be made with church and interfaith councils as well. Commissioner Winkler wondered if the Commission might help arrange interactions between community spokespeople and departmental staff, and suggested discussing that at the retreat.

Vice Chair Sorkin asked about children placed not in their community of origin, but in another county or state. Would the reduction mandate apply to those cases as well? Dr. Sanders explained that some children are placed out of their communities in permanent settings—guardianships or pre-adoptive families—while others are in long-term foster care while reunification work is still being done. Current policy dictates that at the time of placement, the case transfers to the office where the child resides. (In the case of children evacuated as a result of Hurricane Katrina, for instance, the states where they are placed assume responsibility for home assessments, visitation, and so on.) He acknowledged that this lessens the focus on community-based placement and may create an incentive to place children out of the area. The percentage of

children placed elsewhere is not great, but a first step might be to rethink that policy and to more aggressively step up neighborhood recruitment.

- The Family Community Continuum of Care presentation has not yet been scheduled before the Board of Supervisors. The Department of Mental Health will likely present its plan for the Mental Health Services Act funding to the Board on October 11, and Commissioners had hoped those presentations could be done together. An additional report will be going to the Board regarding the Katie A. settlement, which involves the provision of mental health services to DCFS children. The Department of Mental Health's presentation later in this meeting is intended to help Commissioners understand the mental health services being planned in terms of creating a collaborative system of care with both departments.

DIRECTOR'S REPORT

- Dr. Sanders distributed a two-page handout that included a breakout of the alternative uses of MacLaren Children's Center funding for 2004–2005. Another portion of these funds was put into provisional financial uses to be rolled over each year, with some dollars being used for the medical hubs and for mental health services items.

When MacLaren was closed, the department had proposed a series of reception centers across the county to provide 23-hour supervision and care in a comfortable environment for youth entering out-of-home placement or moving from one placement to another. Dr. Sanders had reservations about the Contra Costa County's model diluting the urgency of getting children into the right placement the first time out; he feared that children would be bounced from one center to another, sidestepping the 23-hour licensing rule. The original plan was to develop Paramount into a reception center but Dr. Sanders chose instead to use those funds to provide better support for youth when they are moved out of their homes, assuring that families are involved, and making certain that a child's first placement is the best match possible.

One reason for the study of reception centers was the handling of large sibling groups and seven-day notices from group homes, and Vice Chair Sorkin asked how those issues were being resolved. Commissioner Curry expressed concerns regarding the use of MacLaren dollars for caseload reduction and staff support for case managers, and Commissioner Winkler wanted to know what specific services were being provided. Commissioner Ma asked for spending projections for fiscal year 2005–2006. Chair Kleinberg suggested that a discussion of the MacLaren dollars be put on the agenda for a future meeting, to address all these questions.

- The Katie A. lawsuit was initiated three years ago to address inadequate mental health services for children in out-of-home care, particularly in group homes and MacLaren Children's Center. The Commission has heard regular updates from the Katie A. panel, and the department has met many settlement elements, such as the closure of MacLaren and the implementation of structured decision-making and team decision-making. What still needs work is the provision of individualized mental health services for children in the foster care system.

DCFS is working with the Department of Mental Health to ensure that all youth entering out-of-home care are screened for mental health needs and that treatment services are expanded and rethought. Dr. Sanders is proposing 4,000+ slots for in-home mental health services, with an emphasis on evidence-based practices and multidimensional treatment. This approach will require a significant retraining of providers and staff from both departments; the establishment of a structure that oversees performance, training, and funding; and the co-location of mental staff across DCFS offices, paid for by redirected MacLaren dollars. A Board letter regarding the Katie A. settlement is intended for the Board agenda on October 11.

Commissioners asked that a detailed breakdown of Katie A. funds be presented at a future meeting. What monies are being paid to Katie A. plaintiffs? How many children are involved and what services or funds are they receiving? What are the Katie A. consultants being paid, and where is that money coming from?

- Title IV-E is the primary Federal funding stream for child and family services, but at present it can be spent only on children in specific out-of-home placements, thus supporting a system built fundamentally on placement, not prevention. In June of 2004, California submitted to the Federal government a proposed waiver for Title IV-E that would allow counties more flexibility in spending those dollars, but so far the waiver has not been granted. Dennis Boyle, head of the California Department of Social Services, is confident that it will eventually go through, and is supportive of the shift from placement to prevention that a block-grant approach would facilitate. Ideally, Dr. Sanders hopes that a similar flexibility could be created for state dollars.
- Annual goals are required from all county managers, and Dr. Sanders announced his goals for this year, which will cascade down through his staff.
 - Increase by 30 percent of youth reunified within a year; the department's recent focus on timely reunification has improved this number significantly, but the county still lags behind the rest of the state and the U.S.
 - Increase by 25 percent the percentage of youth adopted within two years from out-of-home placement; at present, this number is well behind the rest of the state
 - Reduce by 20 percent the percentage of children in long-term foster care by focusing on adoption, legal guardianship, and reunification (not simply emancipation)
 - Increase by 10 percent the percentage of family maintenance cases, where children receive services in their homes, as a percentage of total cases
 - Increase budget flexibility by 20 percent, working with the Chief Administrative Office to retain some of the county portion of savings from reduced out-of-home placements; of the \$7.1 million allocated, almost all is going toward family preservation and family support services, as well as to rolling out the Rites of Passage model (focusing on academic achievement for youth) from SPA 6 countywide

Commissioner Friedman asked about services that cease when a child is adopted, and Dr. Sanders acknowledged the challenge of informing regional workers, who may not be familiar with adoption, about restrictions and program requirements. A spreadsheet is being developed to detail available services, which actually differ more between Kin-GAP and foster care than between adoption and foster care.

All five of Dr. Sanders' goals speak to the department's culture change, Commissioner Ramallo said, but the primary goal of child safety presents an inherent conflict with increased reunification. How can the re-abuse rate be tracked and monitored, and how can re-abuse be guarded against by managers and at the line level? Dr. Sanders said that the recidivism rate has gone down, and the rate of re-abuse in homes where children are not removed has remained stable (and is, in fact, lower than that in the rest of the state). Line workers are instructed that reunification is tied to three factors: the reduction of risk to the child, the elimination of safety issues, and comprehensive visitation. The department-wide use of structured decision-making provides a case-by-case marker for looking at the quality of services provided to families, but even the use of that tool can be improved, as can the department's visitation policy, which he admitted is woefully inadequate.

MENTAL HEALTH REPORT

DCFS's Dr. Charles Sophy and Dr. Greg Lecklitner from the Department of Mental Health presented the intensive in-home services component of a collaborative plan between the two departments that is currently expected to be green-sheeted onto the Board of Supervisors October 11 agenda. With this proposal, programs would expand to target a total of 3,500 severely emotionally disturbed children for whom wraparound services are not sufficient.

Proposed service models rely on evidence-based practices conceived in research settings and proven effective and efficacious in communities. The aim is to improve child welfare outcomes: protection from abuse and neglect, children being safely maintained at home, families' gaining an enhanced capacity to provide for their children's needs, and increasing permanency/stability without increasing foster care re-entry. Dr. Lecklitner reviewed the service model grid detailing target behaviors and populations, key components, and placement considerations for the various approaches. All have research evidence to support them, all have proved successful elsewhere, all deal with different age groups or children with differing problems or living situations, and all have different price tags associated with them.

The current 2,080 in-home 'slots' (children) are receiving services, but even with an analysis of the number of service units using mental health or EPSDT dollars, it's hard to tell what the need is. The addition of 220 more slots will cover the children who seem to be in the target population, according to Dr. Sophy. All the service models address linguistic and cultural competency to some degree, and several have been used in diverse communities similar to Los Angeles County.

Citing the example of a group home resident who typically sees a therapist for what is usually ineffective individual counseling, Commissioner Fahey asked about putting funding in place for improving the quality of service, not simply the quantity. Dr. Sanders acknowledged that mental health services for the 1,800 youth in group care show no evidence of really working. He would like to develop slots for Multidimensional Treatment Foster Care (one of the service models) to continue reducing the number of children in group homes and to provide better services to them.

Commissioner Winkler expressed her concerns about paying more money to provide services that individuals are already mandated by law to receive, and requested more information about the service models. Dr. Lecklitner agreed that his department's mandate was to provide resources. Federal EPSDT funding and its match (which would fund these new service models) has allowed many more children to be served than was possible ten years ago, but now DMH wants to improve quality and identify gaps in services. Access was at the core of the Katie A. lawsuit, and though access itself is another component of the overall collaborative plan, the county understands that it has not historically done a good job of identifying the mental health needs of children in foster care.

The timetable for this plan concerned several Commissioners, as well as how it would integrate with the plan for spending Mental Health Services Act (MHSA) dollars that has taken so much of DMH's focus lately. Where does this plan fit into DMH priorities? How long will it take to hire the hundreds of new staff needed to implement these service models, or to get items approved by the Chief Administrative Office? How does a plan like this translate into really providing high-quality services? Where is the urgency for children in camps and in foster care?

Dr. Lecklitner acknowledged Commissioners' frustrations, but said that the two departments are working together at a level that he has never seen during his six-year tenure with the county, and talks continue to address the details of the plan. In another month, they hope to have Board of Supervisors' approval and the authority to begin the process, which will include the creation of an dedicated administrative structure within DMH to work with DCFS—a child welfare and mental health services division. He admitted that the process would take a long time to implement, and that he would have to defer to DMH director Marv Southard with regard to questions of urgency.

Chair Kleinberg said that Dr. Southard had been invited to participate in today's presentation, but that he preferred to wait until after the plan had been presented to the Board of Supervisors. According to Dr. Sanders, Dr. Lecklitner has worked on the technical pieces of the plan and helped create its foundation, but questions about prioritization, urgency, and implementation are linked with the planned presentation to the Board.

Commissioner Ramallo asked that three issues be addressed in the plan:

- Where is the plan and financing for community-based training? No community partners are currently trained in evidence-based services, and county employees

have historically provided ineffective counseling—or psychotropic medications—instead of what children and families need.

- What is going to change in departmental practice regarding the overmedication of children in the foster care and probation systems? If no adult will take responsibility for the tracking and administration of medications, how can the system be held accountable?
- Budgets, target populations, and details for each service model are necessary to avoid overinvesting in narrow practices (gender-specific approaches, for instance) that won't serve all children.

Commissioner Friedman also suggested partnering with associations of licensed clinicians such as social workers, psychologists, and psychiatrists. Dr. Lecklitner explained that the plan does not emphasize the use of county employees, but will use contract providers instead. He admitted that recruiting culturally and linguistically appropriate professionals will be a challenge and that some resources have been dedicated to that. Training will be provided by the developers of the programs, who have an investment in making sure they are successfully implemented.

Commissioner Biondi asked if the probation system were part of the plan's equation, since both Multidimensional Treatment Foster Care and the Incredible Years program were developed with that population in mind. According to Dr. Lecklitner, these models will be used within the child welfare system alone. Commissioner Ramallo urged those developing the plan to keep the discussion child-based and to recognize that the dependency and delinquency populations are the same—half the youth in the probation system have a history with DCFS.

The 1,800 youth in group homes don't include probation group homes that DCFS is paying for, said Commissioner Biondi, and it concerns her that they are left out. She knows of instances of camp mental health workers trying to make aftercare appointments at DMH clinics who have been hung up on because camp youth are not Medi-Cal-eligible and are therefore perceived as uninsured. Though youth do lose insurance when they are incarcerated, the Board has put aside county funds for probation youth, and staff should know that dollars are available. The situation in the juvenile halls is also bad: a ten-minute test when youth arrive determines where to place the child in the hall, and only a fraction of the children who take that test actually get mental health services.

Commissioner Fahey noted that although some terms are new, nothing in the proposed service models isn't already routinely ordered by the court and understood to be meaningful. Board approval and a fresh layer of administrative planning will only create further delays in those orders being carried out. Commissioner Biondi pointed out that these models were different in that they had been demonstrated to work, and Dr. Lecklitner added that they were meant to improve the quality of 'paper therapy' that is often ineffective. This piece of the whole plan is targeted primarily to children in congregate care and in D rate placements.

Commissioners decided against providing direct testimony about this plan when it is presented to the Board of Supervisors, but Dr. Lecklitner agreed to relay their concerns to the Department of Mental Health. Commissioner Ma also suggested that Commissioners share their thoughts with their appointing Board office.

Chair Kleinberg hopes a revised plan will talk about lessons learned from years of unfulfilled promises around mental health services, and what is going to be done differently. Expecting outside groups to train people worries her, since that can be perceived as a 'this too shall pass' situation by staff. For a system to work, it needs to be embraced wholeheartedly and be made part of a deep cultural change.

Commissioner Williams moved that the Commission prepare a letter to the Board of Supervisors that outlines the concerns voiced in today's meeting, including the Commission's frustration over both the failure of DMH to understand working with DCFS children and the piecemeal planning for various pots of money. Commissioner Fahey seconded the motion and it went to discussion. Commissioner Ramallo wished the letter to communicate that the Commission is not endorsing the plan, but is rather stating its concerns. Commissioner Winkler suggested emphasizing a focus on the whole child and the whole family. Commissioner Curry recommended recognizing DMH and DCFS for the long hours they have spent working on this plan, making it clear that the Commission has no objection to the plan itself, but rather has concerns about timetables and other details. Probation youth are not included in the Katie A. settlement, but they need to be incorporated into the bigger picture of the MHSA funding plan.

The motion was unanimously approved as amended. Commissioners Biondi, Curry, and Williams will work with Ms. Blackwell on the letter and a draft will be faxed to all Commissioners. If the plan does not appear on the Board agenda for October 11, the letter will be sent in conjunction with its rescheduled Board hearing.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED